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PTO/SB/81 (11-04)
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## POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	10/511,841
Filing Date	10/19/2004
First Named Inventor	LEE et al.
Title	MethodsAnalysis
Art Unit	
Examiner Name	
Attorney Docket Number	14859NP

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I hereby ap	point:				-			
Practitio  OR	ners associated	with the Customer Number:		. 00	0293			
<u> </u>	ner(s) named be	elow:						
		Name		-	Registrati	on Numbe	er	
Ralph A	. Dowell	<del></del>	<del></del>			868		
Brian G	. Kingwell	<del></del>				482		
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The a	address associat	e correspondence address for t ed with the above-mentioned C ted with Customer Number:			lication to:			
1 <b>V</b> I	m or lividual Name	Ralph A. Dowell of DOWELL 8	& DOWELL, P.O	<b>)</b> .				
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Country		US						
Telephor	10	703 415 2555		Fax	703 415 2559			
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		SIGNATURE of		ssignee	of Record			- 1
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▼ *Total of	4	forms are submitted.				• • •		

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I her	eby revoke a	all previ	ious powers of attorney gi	iven in the a	above-ir	dentified applic	ration	
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	Practitioner(s)	named bo	elow:					
			Name			Registrat	tion Numb	er
	Ralph A. Dowe					20	6868	
l }	Brian G. Kingw	<u> </u>				39	9482	
	Wendy M. Slac	de				53	3604	
as my/c Trader	/our attorney(s) mark Office con	or agent( inected th	(s) to prosecute the application inerewith.	identified abov	e, and to	transact all busin	ess in the	United States Patent and
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	OR	i assuciai	ted with Customer Number:	<u></u>				
<u> </u>	Firm or Individual	Name	Ralph A. Dowell of DOWELL 8	& DOWELL, P.	c.			
<u> </u>	Address		Suite 406, 2111 Eisenhower A	venue				
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	Country Telephone		US					
l am th	Applicant/Inve	record of ti	the entire interest. See 37 CFR:	3.71.	Fax	703 415 2559		
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Signatu	ire	15	LINK		<u> </u>	<del></del>	Date	1/10/05
Name		Shawn D	D. WETTIG	<del></del>		<del></del>	relephone	V306 966 6348
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NOTE: S signature	Signatures of all the is required, see I	ne inventor below*.	rs or assignees of record of the entire	e interest or their	represent	tative(s) are required	J. Submit m	ultiple forms if more than one
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	Practitioner(s)	named b	elow:						
			Name		<del></del>	Registra	ition Numb	oer	
	Ralph A. Dowe	ell				2	6868		
	Brian G. Kingw	vell					9482		
	Wendy M. Slad	de			·		3604	<del></del>	
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	Individual Address	Name	Suite 406, 2111 Eisenhower A		U				
	City		Alexandria		State	VA	<del></del>	Zip	22314
	Country		US			- <del></del>		<u> </u>	
	Telephone		703 415 2555		Fax	703 415 2559			
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Attorney Docket Number	14859NP	<del></del>

I hereby revoke all previous	powers of attorney give	n in the ab	ove-id	entified appli	cation.		
I hereby appoint:							
Practitioners associated with OR	n the Customer Number:		. 00	0293	_		
Practitioner(s) named below:	:						
	Name			Registra	ation Numb	er	
Ralph A. Dowell					26868		
Brian G. Kingwell					39482		
Wendy M. Slade					3604		
as my/our attorney(s) or agent(s) to Trademark Office connected therew	o prosecute the application ide with.	entified above,	, and to	transact all busi	ness in the	United	States Patent and
The address associated wook  OR  Firm or Individual Name  Address	with the above-mentioned Cust with Customer Number:  Iph A. Dowell of DOWELL & D ite 406, 2111 Eisenhower Ave	DOWELL, P.C					
City Alex	xandria		State	VA		Zip	22314
Country US							
I am the:  Applicant/Inventor.  Assignee of record of the e	3 415 2555 entire interest. See 37 CFR 3.7 3.73(b) is enclosed. (Form PTC	71. O/SB/96)	Fax	703 415 2559			
	SIGNATURE of Ap		signee	of Record			^
Signature Name Title and Company University of	Saskatohewan Technologies,	. 911 G;11	1_		Date Telephone	13	de-966-7335
NOTE: Signatures of all the inventors or a signature is required, see below*.			epresent	ative(s) are require	ed. Submit m	ultiple f	forms if more than one
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